CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

COVERED 10 6 2012 THROUGH 10 29 2012 11 ELECTION ELECTION DATE Day Year Primary Runoff General Special				
OFFICEHOLDER NAME NAME ACANDIDATE / OFFICEHOLDER MAILING ADDRESS POBOX APT SUITE # OTY. STATE 20 CODE OFFICEHOLDER MAILING ADDRESS POBOX APT SUITE # OTY. STATE 20 CODE OFFICEHOLDER MAILING ADDRESS POBOX APT SUITE # OTY. STATE 20 CODE OFFICEHOLDER MAILING ADDRESS POBOX APT SUITE # OTY. STATE 20 CODE OFFICEHOLDER MAILING ADDRESS POBOX APT SUITE # OTY OFFICEHOLDER MAILING ADDRESS OFFICEHOLDER PHONE OFFICEHOLDER MAILING APPLACES DEPORT ADDRESS OFFI MAILING ADDRESS OFFI MAILING ADDRESS OFFI MAILING ADDRESS (residence or business) OFFICEHOLDER MAILING ADDRESS (residence or business) OFFI CHARLES ADDRESS (resid	The C/OH Instruction	Guide explains how to complete this form.		2 Total pages filed:
OFFICEHOLDER MAILING ADDRESS I 300 FAIHYSEK VICTORIA TX 77908 Date Hand-delivered or Pootmarked Receipt # Amount Date Processed Receipt # Amount Date Processed Receipt # Amount Date Processed TEASURER NAME I STREET ADDRESS (IND PO SOX PLEASE): APT / SUITE R ADDRESS (residence or business) STREET ADDRESS (IND PO SOX PLEASE): APT / SUITE R APT ADDRESS (residence or business) AREA CODE PHONE NUMBER AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION Final report (Allach COCH - FR) THOUGH DO 20 2012 THOUGH TO 3 2012 THOUGH TO OFFICE HELD (Marry) TO OFFICE HELD (Marry) TO OFFICE SOUGHT (Minioun) County Commissioner County Commissioner County Commissioner Date Hand-delivered or Pootmarked Receipt # Amount Receipt # Amount Date Hand-delivered or Pootmarked Receipt # Amount Date Processed THOUGH Date Processed THOUGH T	OFFICEHOLDER	Danny Daniel		Date Received
S CANDIDATE/ OFFICEHOLDER OFFIC	OFFICEHOLDER MAILING ADDRESS		STATE: ZIPCODE SMA TX 7790S	Date Hand-delivered or Postmarked
TREASURER NAME NICKNAME CUST SUFFIX	OFFICEHOLDER		EXTENSION	<u> </u>
TREASURER ADDRESS (residence or business) 300 Faltysek Victoria, TX 77905 300 Faltysek Victoria, TX 77905 301 Faltysek Victoria, TX 77905 302 Faltysek Victoria, TX 77905 303 Faltysek Victoria, TX 77905 304 Free Phone Extension Extension	TREASURER	Frances NICKNAME LAST		Date Imaged
TREASURER PHONE 574 - 7/65 9 REPORT TYPE January 15 30th day before election Runoff treasurer appointment (officeholder only) July 15 8th day before election Exceeded \$500 Final report (Attach C/OH - FR) 10 PERIOD COVERED Month Day Year IO 6 ZOIZ THROUGH IO 29 2012 11 ELECTION ELECTION DATE Day Year Primary Runoff General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) County Commissioner	TREASURER ADDRESS			
January 15 30th day before election Runoff Structure of the source	TREASURER	(361)	EXTENSION	
THROUGH 10/6/2012 10/29/2012 11 ELECTION Month Day Year Primary Runoff 10/29/2012 12 OFFICE OFFICE HELD (if any) THROUGH 10/29/2012 ELECTION TYPE Primary Runoff General Special 13 OFFICE SOUGHT (if known) County Commissioner	9 REPORT TYPE		Exceeded \$500	treasurer appointment (officeholder only)
Month Day Year Primary Runoff General Special 11 / 03 / 2012 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) County Commissioner	10 PERIOD COVERED	•	•	
County Commissioner	11 ELECTION	Month Day Year Primary	Runoff	Seneral Special
·	12 OFFICE	OFFICE HELD (if any)		ommissioner
		GO TO PAG	•	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			OUNT # (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME	•	
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0	
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 325 00	
EXPENDITURE TOTALS	3. TOTAL	\$ 0		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1506.09	
CONTRIBUTION BALANCE	5. TOTAL F	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 1506.09 \$ 2486.34 \$ 6,000	
OUTSTANDING LOAN TOTALS	6. TOTAL LAST D	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 6,000	
18 AFFIDAVIT	MARGET Notary Public, My Commiss	I swear, or affirm, under penalty of perjuristrue and correct and includes all inform me under Title 15, Election Code. State of Texas ion Expires: 22, 2013 Signature of Candidate	nation required to be reported by	
AFFIX NOTARY STAI		me, by the sale	Garcia _{this the}	
29th da	y of <u>UC</u>	t., 20 12, to certify which, witness my hard Hice	and and seal of office.	
Signature of officer adr	ninistering oath	Printed name of officer administering oath T	itle of officer administering oath	

EXPENDITURE CATEGORIES FOR BOX 8(a)

POLITICAL EXPENDITURES

Texas Ethics Commission

SCHEDULE F

(512) 463-5800

Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Legal Services	Salaries/Wages/Co Solicitation/Fundra		Loan Repayment	Reimbursement uipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	-, <i>,</i>	Contributions/Dor	nations Made By
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of Dis- Office Overhead/F			ceholder/Political Committee category not listed above)
7 003	The Instruction Guide		•	•	sategory not nated above;
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUN	T # (Ethics Commission Filers)
	Danny Garc	19			
4 Date	5 Payee name				_
10/8/2012	Victoria East Basel	all Boost	er club to	or Derrick	tarmer
6 Amount (\$)	7 Payee address; City; St	ate; Zip Code			
100:0	Victoria East	High Scho	ol Vic	toria, Tx	(. 77901
8 PURPOSE	(a) Category (See categories listed at the to	p of this schedule)	(b) Description	(If travel outside of Te	xas, complete Schedule T)
OF EXPENDITURE	Advertisment				
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	nt	Office held
Date	Payee name				
10/8/12	Blaomington S Payee address; City; St	senior d	ass pro	jectgradi	lation
Amount (\$)	Payee address; City; St	ate; Zip Code			
1 A/		101	1 (Cre Di	1 Times
100	Bloomington Hi	gh School	21 + M	616 Blo	omington 'X (13)
PURPOSE OF	Category (See categories listed at the top	o of this schedule)	Description	(If travel outside of Tex	(as, complete Schedule T)
EXPENDITURE	Advertisement	-			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	nt	Office held
Date	Payee name	-			
10/19/12	Rivista De VI	ctoria			
Amount (\$)	Payee address; City; Sta	ate; Zip Code			
30000	P.O. Box 282	Victoria	- TX 77	1902	
PURPOSE	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Tex	xas, complete Schedule T)
OF EXPENDITURE	Advertisement				
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	nt	Office held
Date	Payee name				
10/20/12	Build-a-sign				
Amount (\$)	Payee address; City; Sta	ate; Zip Code		3-18/	A 1.1
•	_				
193.09	Round Rock, T		line or		
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Tex	as, complete Schedule T)
EXPENDITURE	Printing Ad Expe	ense			
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name		Office sough	nt	Office held
, , , , , , , , , , , , , , , , , , ,	ATTACH ADDITIONAL C	OPIES OF THIS S	SCHEDULEAS	NEEDED	

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	ontract Labor	Loan Repayment/	Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundra	ising Expense	Transportation Eq	uipment & Related Expense
Consulting Expense Event Expense	Food/Beverage Expense	Travel In District		Contributions/Don	
Fees	Polling Expense Printing Expense	Travel Out Of Dist Office Overhead/R			ceholder/Political Committee
. 000	The Instruction Guide				ategory not listed above)
1 Total pages Schedule F:	2 FILER NAME	explains now to	complete tins to		T. W. (T. 1)
. Total pages concadio 1.	Danny Garaa	_		3 ACCOUN	Γ # (Ethics Commission Filers)
4 Date	5 Pavee name				
10/24/12	Bloomington His	M School	Football	Booter	dub
6 Amount (\$)	7 Payee address; City; Sta	ate; Zip Code		1003(11)	
-00					
50-	Blownington High	School Fi	M616 B	loominato	o TX 77951
8 PURPOSE	(a) Category (See categories listed at the top	of this schedule)			as, complete Schedule T)
OF EXPENDITURE	Advertisement				
9 Complete ONLY if direct	Candidate / Officeholder name		Office sough	t	Office held
expenditure to benefit C/C	DH				
Date	Payee name				
10/25/12	Victoria Advo	cate			
Amount (\$)		ate; Zip Code			
• •					
52300	311 Fast Co	-1.11.	1/10	I am T	1,2201
					x77901
PURPOSE OF	Category (See categories listed at the top	of this schedule)	Description	(If travel outside of Texa	as, complete Schedule T)
EXPENDITURE	Advertisement	,			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	and the second s	Office sought	į	Office held
experiordire to benefit 6/0	T E				
Date	Payee name				
10/25	KHMC RADI	0			
Amount (\$)	The state of the s	te; Zip Code			
	_				
19000	P.O.BOX 407	Mictoria	L TX -	7900	
	Category (See categories listed at 1995)	of this cohodule)	Description (If trough outside of Tour	a acceptate Cabadala TV
PURPOSE OF	Category (See categories listed at the top	or this scriedule)	Description	in traveroutside or rexa	is, complete Schedule T)
EXPENDITURE	Advertisement				
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	H				
Date ,	Payee name				
10/27	Affectionate A	rine Ad.	ult day	Ciare	
Amount (\$)		te: Zip Code	on day	care	THE STATE OF THE S
	- ayaa adarada, Giry, Gid	o, zip code			
5000	2002 11 0	f i .	h	i T	
50-	3802 John S.	tock bave	r Dr. V	ictoria 1)	177904
PURPOSE OF	Category (See categories listed at the top	of this schedule)			s, complete Schedule T)
EXPENDITURE	Ad Donation				
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH					
	ATTACH ADDITIONAL CO	PIES OF THIS S	CHEDULE AS N	NEEDED	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME	Danny Garcia		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/8/12	6 Contributor address: City: State: Zip Code	undance TV	10000	
	1234 Brownson Rd	77901	(If travel outside	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		
Date	Full name of contributor ut-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution
10/19/12	Revista de Victoria (E) Contributor address; City; State; Zip Code	me#Alvarez) contribution (\$)	description (if applicable) Ad color to Advertisement 225
	P.O.Box 282 Victoria	TX 77902		
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		(If travel outside o	 of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		 	·
<u></u> l				of Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			f Tanan annulus Colores
Principal occup	ation / Job title (See Instructions)	Employer (See Ir		f Texas, complete Schedule T)
	ATTA CILLA DRITIONAL GODISCO			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.